



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9992

SERIAL NUMBER 10/068,533	FILING OR 371(c) DATE 02/05/2002 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. CB-11-1
------------------------------------	---	---------------------	-------------------------------	---------------------------------------

APPLICANTS

Robert H. Dahla, Sunnyvale, CA;
 Jean Woloszko, Mountain View, CA;

**** CONTINUING DATA *******

This application is a CIP of 09/586,295 06/02/2000 which is a DIV of 09/248,763 02/12/1999 PAT 6,149,620 which is a Cont of 08/795,686 02/05/1997 PAT 5,071,499 which is a Cont of 08/561,958 which claims benefit of 60/096,150 08/11/1998 and claims benefit of 60/098,122 08/27/1998 and claims benefit of 60/299,094 06/18/2001

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/09/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 28	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Michael J. [Signature]</i> Examiner's Signature Initials				

ADDRESS

21394

TITLE

Electrosurgical apparatus and methods for treatment and removal of tissue

FILING FEE RECEIVED 1950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit